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## Request for Cancellation of Certificate

File the original with:	Mall or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199  DATE:	S.C. Office of Regulatory Staff OF REGULATORY STAFF Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
Please consider this a request to cancel my:	
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	The same of the sa
Non-Emergency Certificate	APR 2.0
Class E Household Goods Certificate	APR 1-8 2011
Class E Hazardous Wastes Certificate	CLERK'S OFFICE
My Certificate Number is 204-1- (Name of Company)	BA (If applicable)
310 Fast Surst Ave. (Street Address)	Po. Box 941  (Mailing Address if different from Street Address)
(City, State, Zip Code)	(City, State, Zip Code)
864-729-5721 (Telephone Number)	(Signature)
	(Title) Owner, President, etc.

ORS Revised 2-18-10